

Richmond, Whitworth, & Hardwicke

HOSPITALS.

INTRODUCTORY LECTURE.

(WINTER SESSION. 1858-59.)

BY

DR. CORRIGAN,

PHYSICIAN IN ORDINARY TO THE QUEEN IN IRELAND,

&c., &c., &c.

NOVEMBER 1st, 1858.

DUBLIN :

PRINTED BY J. M. O'TOOLE, 13, HAWKINS'-STREET.

1858.



DUBLIN:
Printed by J. M. O'Toole,
13, HAWKINS-STREET.

Richmond, Whitworth, and Hardwicke

HOSPITALS,

(HOSPITALS OF THE HOUSE OF INDUSTRY)

NORTH BRUNSWICK-STREET, DUBLIN,

Contain 312 beds, open throughout the whole year to all applicants without recommendation :—

Richmond Surgical Hospital, 110 beds.

Whitworth Hospital, 82 beds, for ordinary medical diseases.

Hardwicke Hospitals, 120 beds, for fevers and epidemic diseases.



Governors.

THE EARL OF MEATH, D.L.
HON. R. G. TALBOT.
JOHN ENNIS, ESQ., M.P.
GEO. H. LINDSAY, ESQ., D.L.
HANS H. WOODS, ESQ., D.L.
RICHARD ATKINSON, ESQ.
JOHN D'ARCY, ESQ., D.L.
ROBERT ADAMS, ESQ., M.D.
D. J. CORRIGAN, ESQ., M.D.
EDWARD HUTTON, ESQ., M.D.

Physicians.

DR. CORRIGAN.
DR. BANKS.
DR. M'DOWEL.
DR. GORDON.

Surgeons.

DR. HUTTON.
DR. ADAMS.
MR. HAMILTON.
DR. SMITH.
DR. FLEMING.

The Practice of the Hospital and the Clinical Lectures are free to the Medical Officers of the various branches of the Public Service.

THE UNIVERSITY OF CHICAGO

LIBRARY

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

1855-1856

Richmond, Whitworth, and Hardwicke

HOSPITALS.

Alterations in Management of Institution—Hospitals for Industrial Classes—Resident Pupilships—Competitive Examination—Its defects—Value of Resident Pupils in Hospitals—Army Regulations—Present defective state of preliminary and Professional Education—Causes of—New Medical Act—Conclusion.

I HAVE the honor this day of addressing a mixed audience, of students, of governors, and of gentlemen whose official positions, as well as charitable feelings, give them an interest in these hospitals, and of members of my own profession, including my colleagues, who kindly favor me with their encouraging presence on this occasion. This varied audience must be my excuse for observations which otherwise might appear to wear a discursive or ill-assorted connexion. Since I had last the honor of opening a clinical session, the management of this institution has been greatly altered. It was on the former occasion an institution managed through the machinery of the Poor Law Board, and under the immediate supervision of one governor—it comprised a complicated arrangement for the management of sick, of lunatics, and of found-

lings. The result of the Parliamentary inquiry of 1854, and of the Act of 1856, was to place it on its present foundation, to relieve it from the complications which embarrassed it, and to enable it to have its whole machinery concentrated on its two proper objects—the relief of the sick and the instruction of students in practical medicine and surgery. Government, in making this change, determined most wisely to vest its management in a mixed Board of professional and non-professional members. In adopting this principle of management, the Government adopted the precedent set them by the other large institutions of a similar kind in the city—Steevens's Hospital, Sir P. Dun's, the Meath Hospital, St. Patrick's Asylum, and the Rotunda Lying-in Hospital—in all of which the Board of Management consists partly of medical officers connected with the institution and partly of non-professional governors. The experience of many years has shown that this is probably the best form of a Board of Management that could be devised. The non-professional members bring to the Board all that general knowledge of finance, contracts, and books, without which no great institution can be economically or satisfactorily carried on, and with which professional men are seldom familiar, while the medical officers carry into its management that intimate acquaintance with details which unprofessional persons with the best intentions could never acquire. I may, in some measure, feel myself qualified to give an

opinion on these points, as the opportunities which I have happened to possess as a member of the General Board of Management of Dublin Hospitals, justify me in saying that the institutions under this form of board contrast favourably in several respects with others in which a different principle of management is adopted.

The arrangements and management of an hospital for the relief of the sick of the industrial classes, of those classes that form the great mass of our people holding the middle place between wealth on the one extreme and pauperism on the other, require much consideration and tact. In workhouses and such other institutions, we deal with classes—in hospitals such as this we must deal with individuals, and with individuals who are as independent as ourselves through their honest labour while in health, but who cannot, when suffering under sickness or accident, provide themselves with such medical aid as they require, or even with necessaries. We are bound by policy as well as humanity to give them our best medical aid, and all the indulgence in our power, consistent with the maintenance of regularity, to maintain unimpaired the connexion and intercourse between them and their families and their friends, and with increased comforts to make our wards approximate as much as possible to the sick man's home, so that he leaves them with all his social feelings unimpaired, and anxious again to return to habits of industry and independence; uninjured by associating with the indolent or depraved,

whom he should herd with, in a workhouse, were separate hospitals not available for our hard working and honest labourers and mechanics, and when females are considered, the evils to them of workhouse contamination apply with redoubled force. From the formation of the present Board of Governors up to the present time, their most unwearied attention has been given to every point that could promote education or increase the comforts of the sick. The number of resident pupils has been increased; a recreation park has been provided for the patients; a new laundry and kitchen have been provided, and an improved dietary established; increased inducements have been given to all the minor officers and servants for increased zeal and attention on their parts, by allowing them a more liberal scale of wages; and yet such has been the attention to economy, that while carrying out all these improvements the accommodation for the sick has been maintained throughout to its full extent. I have had opportunities since last I had the pleasure of addressing you, of visiting many of the great hospitals of France and Germany, at Paris, Vienna, and Berlin. I can now, with confidence, say that, in all essential particulars, our hospitals here—not alone this institution, but our hospitals generally—can fully stand comparison with their best. On the eye of the casual or unprofessional visitor, the statuary in the halls, the frescoes on the ceilings, and the waxed floors, produce an imposing effect; but these do not

constitute the essentials of an hospital or give comforts to the patients. The casual visitor seldom goes beyond these; but when the professional scrutinizer enters into the details of ventilation, of cooking, of medicine, of clothing, of the numerous little, yet requisite, appliances for the sick, he then learns to value his own institutions more than before, and to find out that there is often little to be adopted from others. There is, however, one particular in which they do give an example, which, with advantage, might be adopted to a greater extent than it at present is in some of our hospitals—I mean the greater opportunities the foreign hospitals afford for the education of students as resident pupils, who, as such, acquire a practical knowledge of their profession, and an insight into hospital details which they cannot otherwise attain, and which are so requisite for them in after life. It very rarely happens that young men who have not been in those offices become eminent in their profession or efficient medical officers. In some institutions, such appointments are matters of purchase; and it may thus happen that the most deserving pupils who have not sufficient means at their command are debarred from those opportunities for improvement. In this institution the offices of residents are open indifferently to the whole class, and we select every six months, that being the duration of holding office, from the class at large, choosing, to the best of our judgment, those most competent for the office. This leads me to explain to you the circumstances

which guide us in making our selection, and which it is necessary you should know.

In the present day, when the bent of the public mind has turned upon competitive examination for every kind of appointment, civil and military, it would naturally occur that examination as to respective degrees of knowledge, in other words competitive examination, would afford the best test as to the eligibility of the candidates; but we tried it, and it failed, and for these reasons—The most flippant answerer, ground (you know what that means) to perfection, was very often the most wanting in all practical knowledge, and when brought to the bedside in emergencies of serious illness or accident, the most incapable in applying his knowledge. There are other equally important considerations which weighed with us in giving up competitive examinations. Far more than mere professional knowledge is required in the resident pupil of an hospital; we required other qualities—we required steadiness, attention, propriety of conduct, good temper, and kindness of disposition and manner in dealing with the sick. Competitive examination gave us no insight into the possession of these qualities, and we knew—what will be admitted, I think, without question—that the possessor of these personal qualities, with a very moderate portion of professional knowledge, was of far more value than the possessor of the highest but purely professional attainments without these qualities. Hence,

we felt ourselves obliged to discard mere competitive examination. Still it remained necessary to ascertain that the candidate possessed a competent degree of professional knowledge.—The mode we have acted upon for a long time is this—We give abundant opportunities to all such students as desire it to become extern clinical clerks. This is a probationary stage, and it affords us the opportunity of judging if, along with a competent degree of professional knowledge, the candidate presents the possession of those other qualities to which I have referred. Pupils possessing those qualities are invaluable aids in hospitals, and while they, on the one hand, extract from such appointments the elements of future success, on the other hand, the public and the sick are deeply their debtors. There is no profession which presents among its students the same amount of devotedness in its pursuit as is presented in our profession. It is hard to overrate it. We have all seen resident pupils, night after night, without rest or pause, spending the wearisome hours watching by the bedside of some poor creature whose limb has been amputated or main artery tied, and never for a moment faltering in their care until the critical moment had been passed; or at all hours of the night, careless of sleep, deprived of rest, ready to admit, at any moment, the victim of sudden illness or accident. Their lives have often been the forfeit of their duty; a year has seldom passed in which we have not had to deplore the death of some one or more

of our most promising pupils ; and it seems but as yesterday since several whom we instructed in this theatre have lost their lives in the Crimea, or perished in the massacres of India, and all have died at their posts.

As several of my hearers may be attending here with a view to preparing themselves for the army, it may be well to give them some information on the subject. Very lately the military authorities have improved the pay and position of army surgeons, and commensurately with this, and most properly, they have raised the standard of education. It is not sufficient that the candidate shall have obtained the diploma of some college or university in medicine or surgery. He must also, before being nominated for a commission, pass an examination before the Army Medical Board; but having passed this examination, do not suppose that the final ordeal is over. The last and most searching examination is yet to come. The candidate is next transferred to a large hospital, where, under the immediate inspection of experienced officers, he is required to perform many operations, from the simple manipulation of applying a bandage on the living patient, to the capital operations of surgery on the dead body ; and in the medical wards he is required to go to the bedside and note cases of internal disease with the diagnosis and prognosis and treatment. Many young men who have thought themselves safe in obtaining their diplomas and passing the verbal exa-

minations before the Army Board, have failed to pass the final test, and have had their hopes blasted for life. The two great deficiencies which have caused the failure of success in the final examination, are want of preliminary education and want of practical knowledge of their profession ; and let me impress these two facts upon all those of my hearers who may propose to themselves to make the army their career in their profession. If your writing be illegible, if your English composition and spelling be incorrect, if your style be obscure, you are most properly not deemed competent to draw up cases and reports, and you are rejected. If, on being tested at the bedside, you show that you have not been practised in examining cases—that your knowledge is merely book memory—rejection will be your lot. The first of these essentials, a good preliminary education, you cannot get here, and if there be any who do not possess it, I would earnestly entreat of you to postpone the prosecution of your profession until you have acquired it. With regard to the second, the acquirement of practical knowledge, you will have only yourselves to blame if you are deficient. The opportunities are at your command. There is not a pupil of the numerous class here who may not have such opportunities if he desire them ; and, believe me, their value cannot be overrated. Within the last year a pupil educated here, and many of my hearers know the incident, passed the Army Medical Board, and was, with a host

of others, transferred to Chatham for the final and practical hospital test. He had little expectation of soon obtaining an appointment, for many were before him with influence which he did not possess. He was directed to note some cases as I have already described to you. Before he finished his whole number he was told by the senior officer, who was looking over him as he wrote, that he need go no farther, and within a fortnight he was appointed to the Artillery. That young gentleman was a clinical clerk here, and when put to the final test at once showed that he knew what he was about, for he had worked practically in the hospital wards. No amount of grinding will enable you to stand this test. You must also be prepared for this, that even if you have obtained your commissions, it will not follow that your promotion will go on in rotation, unless you possess the double qualification of a good preliminary education and professional knowledge. If your preliminary education be deficient, if your reports are defective in style or clearness, you will be passed over, and your hoped-for promotion long delayed or never attained, with the mortification of seeing your juniors promoted over your head.

I wish I could congratulate the profession or the public on the standard of education in the profession improving of late years. I am sorry to say the reverse is the fact, and that, on the contrary, in preliminary and professional education, there is, generally speaking, a great deterioration ; and so much is preliminary

education now disregarded, that young men enter on the study of our profession ignorant of the commonest rules of English composition, and of the simplest elements of a good general education ; with a preliminary education so defective that they could not pass an examination for the humblest clerkship in a public office, while for the professional part of their examination they give themselves as little trouble, as they know that without the possession of practical knowledge they may rest perfectly assured of obtaining a diploma that will carry a legal qualification for civil offices. Where does the blame of all this rest ? Not with you, or your parents or guardians. The diploma recognized by law is what is sought for, and if you are able to obtain that, with a certain trifling amount of education and mental labour, it is scarcely reasonable to expect that you should incur more. Let us go a step farther—Are the colleges and universities who give the degrees to ill-educated candidates, and on deficient examination, culpable ? Perhaps to some extent, but not nearly to the extent that might appear at first sight. There are about nineteen of them in the United Kingdom ; many of them are dependent mainly for their income on the fees received on graduation. Some one college came down a little in its standard of education and in its examination, to attract students in preference to it—students flocked to it. Some other college or university next came down a little below the first, to attract students in turn. Another and

another followed in the same course. Step by step each college descended below its neighbour in the sliding scale, until it has come to this, that now a candidate rejected at one college has beforehand prepared for his immediately setting out for the next lowest in the scale that will gladly sell its diploma on easier terms. This is the present state. Who is to blame for this? Neither students nor colleges ; but a higher power than either—the legislature—that permits this discreditable state of professional education and examination to continue. If it merely concerned the profession itself, the legislature might very justly say—Look to your own professional interests, and take care of yourselves. But the question is not of this nature—it concerns the public much, the profession little. As the law at present stands, the legislature, by declaring all diplomas equal, gives those entering our profession no inducement to acquire a high education. It would be unreasonable to expect a student to spend additional years and incur additional expense in preliminary and professional education, when he can command an equally legal status with none of the former and very little of the latter. There is, however, strange as it may seem, but not the less true, a premium on a low qualification ; for, at the present time, in Ireland, the holder of the lowest diploma in the United Kingdom can hold public appointments from which the possessor of the highest education is excluded. These evils

have not so immediately come under the observation of our legislators as they might, probably from the circumstance that they always see in large cities a number of highly educated men, and such will always be the case. In large cities there will always be found, independently of all legislation, highly educated physicians and surgeons, because the prizes and position of professional eminence, and the competition consequent on these, will always ensure intellectual exertions that will not be called forth under other circumstances.

A bill has recently come into operation, "the Medical Act" of last session, which it is hoped by many may remove some of these defects I have noticed. I hope so, but I am not so sanguine as to its results. It declares that unqualified persons shall not assume the title of qualified persons. It provides against the efforts of quacks to get within the circle of the profession. But I cannot discern, what in my opinion is much more needed, any efficient guard against the entrance of ignorance and incompetence into the profession itself. There is no directly controlling authority to prescribe a fitting education. There is, it is true, a privilege given to the Medical Council to report to the Privy Council on any colleges that may not, in their opinion, maintain a sufficient curriculum and examination, with a view to such colleges being disfranchised; but when it is recollected that such council will mainly consist of

representatives from all the colleges, it seems rather much to expect that the representatives of the colleges called in question will concur in such report, and Marcus Curtius-like, devote themselves and their institutions to self-immolation for the public good; and the Privy Council may be very reluctant to decide between the contending parties, or to take so serious a step as disfranchising a college. But, although the bill in its present form may be defective, it will become, I trust, the foundation on which the legislature may be able to raise a good measure. I would now, in conclusion, and in entering upon the business of the session, wish to impress upon you the great importance I would attach to the habit of cultivating a habit of diligent and accurate observation. Observation of facts may seem to some, one of the simplest faculties of the mind, yet it is the rarest, the most difficult to acquire, and the most needed in the practice of our profession. Valves in the veins existed as long as animal life existed, yet it needed the accurate observation of their form and direction, by Harvey, to determine the circulation of the blood. The blue hair line on the gums, the result of lead poisoning, remained very long unknown, because our observation had not been sufficiently precise and diligent. For ages, measles and scarlatina, now universally known as diseases distinct in their nature, in their danger, and their treatment, were confounded together. The peculiar sounds, which are generated within air tubes

not a fact

and blood vessels, must have existed contemporaneously with the lesions producing them, yet they remained undiscovered until of late years. These instances—I could multiply them to a great amount—all seem very simple now, when known to us ; yet, think how long they escaped our notice for want of diligent and accurate observation. You will, I am sure, gentlemen, be actuated in the prosecution of your studies by a higher and better object than the mere acquisition of a diploma ; by a desire to fulfil creditably the position in life which you have selected for yourselves, and to possess a well-grounded knowledge of your profession, so that, in after life, you may never have to reproach yourselves with culpable ignorance. For all who have undertaken responsibilities connected with the institution, in our several capacities of governors or instructors, I know that I may confidently say we are all only animated by the one desire of truly fulfilling the trust the State has reposed in us, of ministering to the requirements of the sick, and of maintaining the efficiency of these hospitals as a great educational institute. And here I should not do justice to my own feelings, and those of my fellow-governors and colleagues, if I failed to omit the gratification of our having a nobleman here this morning, whose name is so intimately associated with the preservation of our hospital grants—Lord Naas, our present Chief Secretary for Ireland—who took up the question when success seemed almost

hopeless, and as chairman of the parliamentary committee conducted the inquiry to a favourable result, who will see this day the good fruits of his exertions, and I trust be satisfied with his examination of the condition and working of the whole institution.

D. J. CORRIGAN.

THE END.